

2013 Awardee Training

MIDDLE DISTRICT OF FLORIDA

**WELCOME!**



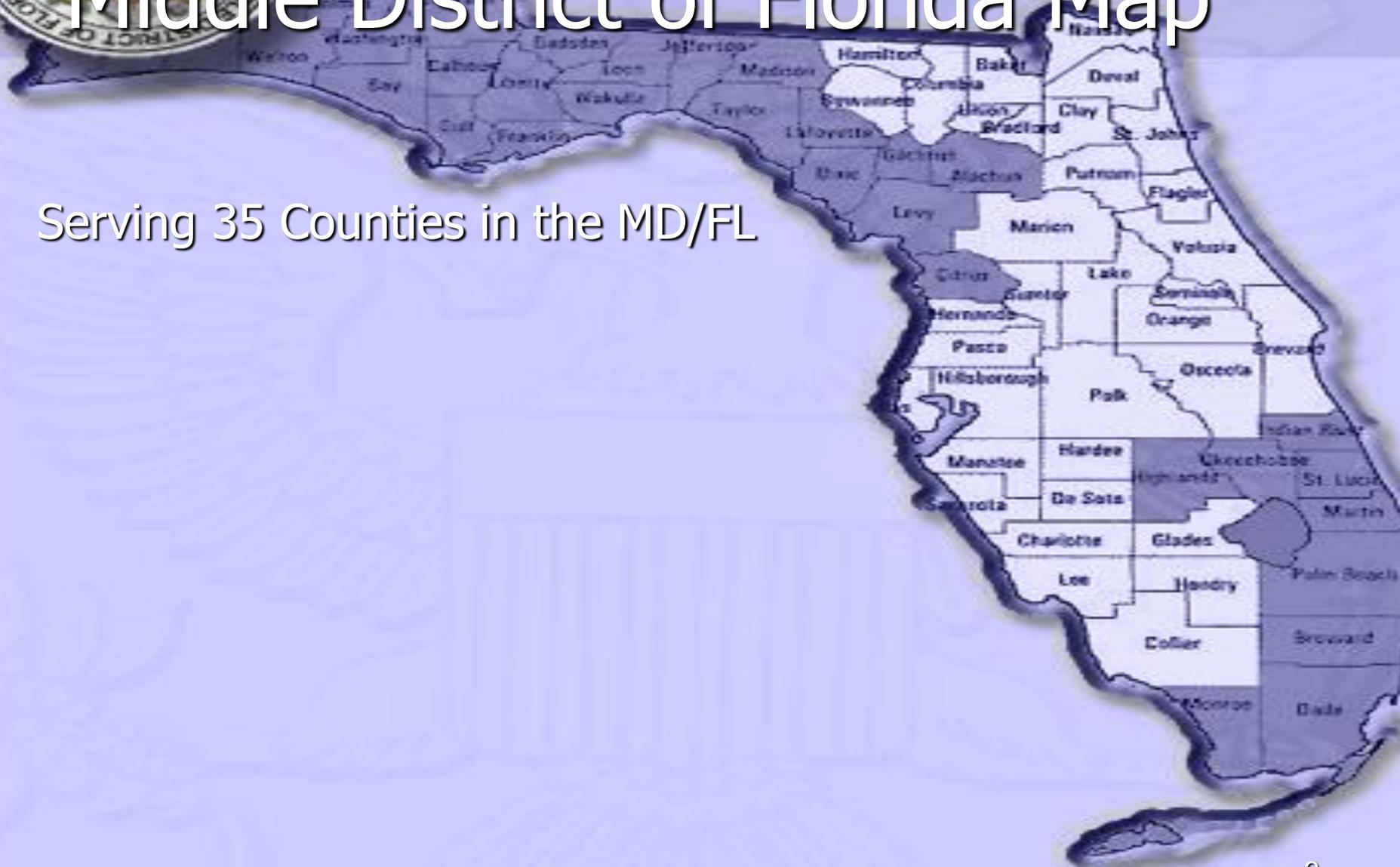
# CONGRATULATIONS!





# Middle District of Florida Map

Serving 35 Counties in the MD/FL



# Contact Information:

- Darby Tatsak, Supervisory U.S. Probation Officer, Treatment Services Manager and Contracting Officer
- U.S. Probation Office
- 501 E. Polk Street, Suite 800
- Tampa, Florida 33602
  
- Joe Alfano, Supervisory U.S. Pretrial Services Officer, Treatment Services Manager
- U.S. Pretrial Services Office
- U.S. Courthouse
- 2110 First Street, Suite 2-138  
Fort Myers, Florida 33901

# Communication

- [www.usprobation.com](http://www.usprobation.com)
- Internal
- E-Mails – Mailboxes Full/Local Service
- Spam alerts
- Facebook/Twitter/Linkedin (Social Networking – NOT!!!!)
- No Text Messages (For Joe and Darby)
- Voice Mail/Returned Messages Within 24 Hours

# Communication

- 24 Hour Notification For ALL Services
- “Practitioners notify the USPO/USPSO within 24 hours if the defendant/offender fails to report for treatment, conduct violating a condition of supervision or third-party risk issues are identified.”
- Conditions of Supervision

# Billing

- INTROS OF GEORGENE, PAM AND BEV
- Invoicing Guidance on [www.usprobation.com](http://www.usprobation.com)
- Example Part A & B
- Mailing Address on Part A = Where Checks Are Sent
- Electronic Invoicing (You will be contacted by Georgene, Pam and/or Bev)
- PC 1501 and 6041 (Section C - Page C-57 & C-71)
- Page G-3 (Fractional Part of the Session)

ADMINISTRATION OFFICE OF THE UNITED STATES COURTS  
TREATMENT SERVICES INVOICE

(PART A)

1. Judicial District: MD/FL      3. P.O./B.P.A. # 113A-14-T19A

2. Vendor: Miscellaneous Treatment, Inc      4. Service Delivery: FROM: 10/01/2013 TO: 10/31/2013

a. Address: 666 N. 66<sup>th</sup> Street  
Tampa, FL 33614      5. Total Number of Individuals Served: 2

b. Telephone: (813) 673-0900

Vendors Certificate: I certify that all expenditures and requests for reimbursement in this voucher are accurate and correct to the best of my knowledge and include only charges for services actually rendered to clients under terms of the agreement and for which no other compensation has been received from sources other than the United States District Court.

*William "Bud" Weiser*  
Authorized Administrator

6. PROJECT CODE	7. QUANTITY	8. UNIT PRICE	9. TOTAL PRICE
1010	5	\$ 5.00	\$ 25.00
2010	4	\$ 35.00	\$ 140.00
2021	27	\$ 15.00	\$ 405.00
		Subtotal	\$ 570.00
		Less Co-pay	- 80.00
			\$ 490.00
1501		5% of Co-pay Funds Collected	+ 4.00
<b>TOTAL FOR REIMBURSEMENT</b>			<b>\$ 494.00</b>

**ADMINISTRATION OFFICE OF THE UNITED STATES COURTS  
TREATMENT SERVICES INVOICE  
(PART B)**

Subtotal all costs for each client listed below:

1. CLIENT NAME	2. CLIENT FACTS NUMBER	3. DATES OF SERVICE	4. SERVICE RENDERED (By Project Code)	5. QUANTITY (UNITS) 1 unit = per 30 min. increments	6. UNIT PRICE	7. COST	
John Reynolds	084113	10/04/13	1010	1	\$ 5.00	\$ 5.00	
		10/14/13	1010	1	\$ 5.00	\$ 5.00	
		10/18/13	2010	2	\$35.00	\$ 70.00	
		10/02/13	2021	3	\$ 15.00	\$ 45.00	
		10/09/13	2021	3	\$ 15.00	\$ 45.00	
		10/16/13	2021	3	\$ 15.00	\$ 45.00	
		10/23/13	2021	3	\$ 15.00	\$ 45.00	
		10/30/13	2021	3	\$ 15.00	\$ 45.00	
			1501				\$ 305.00
						Co-Pay	\$ -10.00
				5% Adm	\$ 295.00		
					+ .50	\$ 295.50	
Robert Williamson	084113	10/04/13	1010	1	\$ 5.00	\$ 5.00	
		10/14/13	1010	1	\$ 5.00	\$ 5.00	
		10/20/13	1010	1	\$ 5.00	\$ 5.00	
		10/18/13	2010	2	\$ 35.00	\$ 70.00	
		10/02/13	2021	3	\$15.00	\$ 45.00	
		10/09/13	2021	3	\$15.00	\$ 45.00	
		10/23/13	2021	3	\$15.00	\$ 45.00	
		10/30/13	2021	3	\$15.00	\$ 45.00	
			1501				\$ 265.00
						Co-Pay	- 70.00
				5% Adm	\$ 195.00		
					+ 3.50	\$ 198.50	







**BREAK TIME!!!!**

# REFERRAL PAPERWORK

- **Program Plan**
- **Release of Information**
- **Referral Letter/Form**
- **Labels**

- Federal Post Conviction Risk Assessment (PCRA)
- Federal Pretrial Risk Assessment (PTRA)
- Dynamic Risk Factors

# Program Plan – PROB 45

- **Binding Contract**
- **Referral Agent Signature**
- **Section C – Page 74 “Identifies vendor services to be provided to the defendant/offender and billed to the Judiciary under the terms of agreement, and any co-payments due by the defendant.”**
- **Following the Program Plan(s)**
- **Terminated Program Plans**

TREATMENT SERVICES CONTRACT PROGRAM PLAN

Client Identification Information

Client:	Tina, Reid	FACTS #:	2501	
Address:	944 Buffalo Cr San Antonio TX 78229	Program/Plan Conservation	Protrial	PT0001
Officer:	Beak, Debra	Client Phone:	210-854-2123	HO
Officer Phone:	210-301-6314	DOB:	08/08/1976	AWB:JMG

Provider Information

Provider:	ABC Treatment	Programment No:	0311-2009-RNJ1
Provider Location:	ABC-Downtown	Effective Date:	04/21/2009
City:	Oron Williams	Termination Date:	
Location Address:	211 Constitution Avenue Washington DC 20001		
Phone:	202-555-5553		
Fax:	202-666-6666		

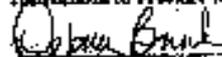
Authorized Services

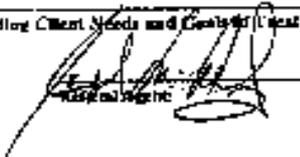
Your agency is authorized to provide the following services to persons in the plan effective date indicated above. Any services provided outside of those listed below and/or outside the Effective and Termination Dates of the Plan will not be subject to payment.

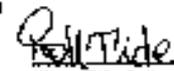
Services Ordered

Project Code	Description Of Services	Phase	Frequency (Units)	Interval	Copy Amount (per unit)
2010	Individual Substance Abuse Counseling		1.0	Weekly	\$000
2020	Group Substance Abuse Counseling		2.0	Monthly	\$000

Instructions to Provider Regarding Client Needs and Goals of Treatment

  
Officer: Beak, Debra

  
Provider Signature

  
Client: Tina Reid

# Monthly Treatment Report (MTR)

- [www.usprobation.com](http://www.usprobation.com)
- All MTR's Must Be Typed – No Exceptions
- Official communication/documentation with officers regarding offender/defendant's progress in treatment
- Be specific (Group Topics)
- Medication Monitoring and compliance/progress with Psychiatric Issues and RX adjustment

PROB 46  
(Rev. 10/10 - MD/FL)

## MONTHLY TREATMENT REPORT

1. PROGRAM NAME: Miscellaneous Treatment, Inc.		1a. PROVIDER NAME: Bill Thomas, LMHC, CAP		2. PROBATION OFFICER: Timothy Williams						
3. CLIENT NAME: Robert Williamson		3a. PACTS NO: 093636		4. FOR PERIOD COVERING: 10/01/13-10/31/13						
5. PHASE NO:	5a. TIME IN PHASE:	5. PRETRIAL CLIENT: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. CLIENT EMPLOYED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Student <input type="checkbox"/> Other						
<b>8. CONTACTS SINCE LAST REPORT</b>										
a. Date	b. Service (Name & No.)	c. Length of Contact		d. Comments (No Shows, Tardiness, Issues Addressed)	e. Copy (0=none, 1=1 copy, 2=2 copies)					
10/02/2013	Cognitive Group - 2021	3 Units		Cognitive Thinking Techniques/Relapse Prevention	10.00					
10/04/2013	UA Collection - 1010	1 Unit		UA Collection	5.00					
10/09/2013	Cognitive Group - 2021	3 Units		Making appropriate Social Selections	10.00					
10/14/2013	UA Collection - 1010	1 Unit		UA Collection	10.00					
10/16/2013	Cognitive Group - 2021	0 Units		No Show - P.O. Notified Via E-Mail	0.00					
10/18/2013	Individual - 2010	2 Units		Treatment Plan Update/Cognitive Thinking Review	10.00					
10/20/2013	UA Collection - 1010	1 Unit		UA Collection	5.00					
10/23/2013	Cognitive Group - 2021	3 Units		Changes in Attitudes/Changes in Latitudes	10.00					
10/30/2013	Cognitive Group - 2021	3 Units		Cognitive Thinking/Relationships	10.00					
<b>9. URINE TESTING RECORD</b>										
DATE COLLECTED	Schedule		Sample Not Tested		Drug Use Assessed		COLLECTED BY	SPECIAL TESTS REQUESTED	TEST RESULTS (Positive/Negative)	Copy (0=none, 1=1 copy, 2=2 copies)
	Yes	No	Urine	Oral	No	Yes (specify drug)				
10/04/2013		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		JMA	N/A	Negative	<input checked="" type="checkbox"/>
10/14/2013		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		JMA	N/A	Negative	<input checked="" type="checkbox"/>
10/20/2013		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		JMA	N/A	+ Cocaine	<input checked="" type="checkbox"/>
<b>10. COMMENTS REGARDING CLIENT'S TREATMENT PROGRESS</b>										
a. Describe the treatment goals addressed this month ( <input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met)										
Robert was not compliant with treatment after he no showed for group and subsequently tested positive for cocaine. He quickly got back on track after his P.O. was notified. At this time, he is compliant but his prognosis is guarded.										
b. Describe any steps taken by the client this month toward these goals ( <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative):										
Although Robert relapsed, he quickly went over his relapse prevention plan and used/recalled cognitive thinking techniques that he will utilize if he craves the use of cocaine or any illegal drugs in the future.										
c. Describe any obstacles or setbacks the client encountered this month:										
Relapse/positive for cocaine after having a family disagreement over financial matters in the household.										
d. Describe one unique way the PO/PSO can assist/support the client in treatment over the next month:										
Continue to be supportive in the client's goals in treatment and increase UA collections to 4-6 times per month.										
e. If continued treatment is recommended, discuss the plan for next month ( <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended):										
Robert quickly came back to group after testing positive for cocaine. He readily admitted his relapse and seemed genuine in utilizing cognitive thinking techniques in the future to prevent relapse. Additional time with written assignments on CBI Thinking will be done.										
f. Discuss your observations of the client's behavior and commitment to treatment ( <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative):										
Robert's admission as to his relapse and his positive attitude to continue working on his family issues are noted by this therapist. He seems willing to consider various treatment options and work on his thought process to make better choices in the future.										
g. Comments:										
No further comments at this time.										
h. Overall Progress <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable										
SIGNATURE OF COUNSELOR <i>Bill Thomas, LMHC, CAP</i> Bill Thomas, LMHC, CAP					DATE 10/31/2013					

DISTRIBUTION: ORIGINAL CONTRACTOR

# Co-Payment Guidance

- Reference Invoice Guidance Form
- VERY IMPORTANT
- Acceptable Accounting Documentation System

# Monitoring Visits

- 120 Day Review (By End of January 2014)
- Second Review – Between Feb. 1<sup>st</sup> and May 31, 2014
- No required monitoring visits for Purchase Orders
- If we exercise option for Year 2, there will be further monitoring visits

# Clinical Issues

- Project Code Requirements
- HIPAA – Disclosure C-72
  - Vendor Testimony C-78
- **Deliverables – Begins on C-71**
- **Local Services**  
**[www.usprobation.com](http://www.usprobation.com)**
- **Personnel – Page C-81**

# **Cognitive Treatment:**

## **Moral Reconciliation Therapy (MRT) and The Courage To Change Interactive Journaling System**

### The "Big Six" Criminogenic Needs

- Low self-control
- Anti-Social Personality
- Anti-Social Values
- Criminal Peers
- Substance Abuse
- Dysfunctional Family

# URINE SPECIMEN COLLECTION

- Historically, the single most challenging and problematic procedure for all vendors.
- Of all vendor responsibilities, individually, the most significant.
- UA Policies and Procedures
- Regional Lab
- UPS Campusship demonstration.
- Breathalyzer (1504) – Combined Contracts



MIDDLE DISTRICT OF FLORIDA  
REGIONAL DRUG TESTING LABORATORY PROGRAM

CHAIN OF  
CUSTODY  
FORM

<b>COURT UNIT INFORMATION</b>	<b>U.S. PRETRIAL SERVICES OFFICE LABORATORY</b> <b>U.S. COURTHOUSE</b> <b>JACKSONVILLE, FLORIDA 32202</b>	<b>SPECIMEN I.D. NUMBER</b>  00208696
<b>DEFENDANT/ OFFENDER INFORMATION</b>	IF NO FACTS LABEL PROVIDED, COMPLETE INFORMATION BELOW. DONOR'S NAME: <u>REYNOLDS, John R.</u> <b>FE</b> Office: <u>Dodson, Nathan</u> PACTS # OR SS#: <u>Miscellaneous (10)</u> COLLECTION FA: _____ LOCATION: _____ 	<b>DATE OF COLLECTION</b> <u>10/14/13</u> <b>TIME OF COLLECTION</b> <u>4:45 P.M.</u>
<b>COLLECTION REMARKS SECTION</b>	(COLLECTOR MUST CHECK ONE): <input checked="" type="checkbox"/> OBSERVED <input type="checkbox"/> UNOBSERVED MEDICATION(S): <u>on file</u> DATE LAST USED: <u>10/14/13</u> OTHER COMMENTS: _____	
<b>TYPES AND REASONS FOR TESTING</b>	<input checked="" type="checkbox"/> PRETRIAL SERVICES SUPERVISION <input type="checkbox"/> PRESENTENCE TESTING <input type="checkbox"/> USPO SUPERVISION (CHECK ALL THAT APPLY): <input checked="" type="checkbox"/> PRIMARY TEST PANEL <input type="checkbox"/> OTHER SUBSTANCE _____ <input type="checkbox"/> SECONDARY TEST PANEL <input type="checkbox"/> OTHER SUBSTANCE _____ REQUEST CONFIRMATION TEST: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO USPO/USPO NAME/PHONE NO.: _____	<b>DID DONOR ADMIT TO DRUG USE?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, DRUG TYPE: _____ DATE LAST USED: _____
<b>CHAIN OF CUSTODY</b> <b>DONOR CONSENT/ CERTIFICATION</b>	I certify that the specimen accompanying this form is my own, it is fresh and was not adulterated in any manner and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamper evident seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory, and to the release of the results as well as the information recorded on this form to the organization and/or individual on this form. <u>John R. Reynolds</u> <u>John R. Reynolds</u> <u>10/14/13</u> (PRINTED) DONOR'S NAME    SIGNATURE OF DONOR    DATE	
<b>COLLECTOR CERTIFICATION</b>	I certify that the specimen identified on the form is the specimen presented to me by the donor providing the certification above, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided, in the donor's presence. <u>Joseph M. Alfaro</u> <u>Joseph M. Alfaro</u> <u>10/14/13</u> (PRINTED) COLLECTOR'S NAME    SIGNATURE OF COLLECTOR    DATE	
<b>CHAIN OF CUSTODY TO LABORATORY</b>	Received by: _____ Initials: _____ Date: _____ Time: _____	

TEAR OFF AND SEND TO LAB WITH SPECIMEN

PEEL SPECIMEN BOTTLE SEAL  
  
 00208696

PLACE DIFFONER  
 00208696

024113  
 DONOR'S PACTS # or SS #  
10/14/13    JR  
 DATE    DONOR'S INITIALS

00208696



# Thank You For Attending Today!

- We look forward to working with you all!

Have a safe trip home!